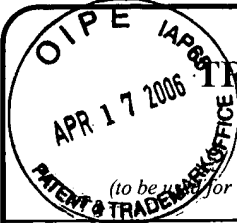


DFW

 <p>TRANSMITTAL FORM (to be used for all correspondence after initial filing)</p>	Application Number	10/618,414	
	Filing Date	July 10, 2003	
	First Named Inventor	Ben C. Askew	
	Art Unit	1624	
	Examiner Name	T. Truong	
Total Number of Pages in This Submission	13	Attorney Docket Number	20610YDA

ENCLOSURES (Check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):		
<table border="1"> <tr> <td>Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Name	Patricia A. Shatynski	Registration No. (Attorney/Agent)	43,109
Signature	<i>Patricia A. Shatynski</i>	Date	4/12/2006

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date: <u>April 12, 2006</u>			
Typed or printed name	Carolyn Coyne		
Signature	<i>Carolyn Coyne</i>	Date	4/12/06



PATENT
CASE NO. 20610YDA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: BEN C. ASKEW ET AL.
Serial No. 10/618,414
Filed July 10, 2003
Group Art Unit 1624
Examiner T. Truong
For: ALPHA V INTEGRIN RECEPTOR ANTAGONISTS

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>17</u>	-	** <u>20</u> =	<u>0</u> X	\$50	= <u>0.00</u>
Independent Claims	* <u>1</u>	-	*** <u>3</u> =	<u>0</u> X	\$200	= <u>0.00</u>
Multiple Dependent Claims					\$360 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT →						0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

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MERCK & CO., INC.

By Carolyn Payne Date 4-12-06

Respectfully,

Patricia A. Shatynski

By: Patricia A. Shatynski

Attorney for Applicant(s)

Reg. No. 43,109

MERCK & CO., INC.
Patent Dept., RY60-30
P.O. Box 2000
Rahway, N.J. 07065-0907

(732) 594-1652

Date: April 12, 2006

IN DUPLICATE



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ben C. Askew et al.

Serial No.: 10/618,414

Case No. 20610YDA

Art Unit:
1624

Filed: July 10, 2003

For: ALPHA V INTEGRIN RECEPTOR ANTAGONISTS

Examiner:
T. Truong

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 CFR 1.111

Sir:

In response to the Office Action mailed February 23, 2006, Applicants respectfully request reconsideration in view of the following amendments and remarks.

Amendments to the claims begin on page 2 of this paper

Remarks/Arguments begin on page 8 of this paper.

CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA 22313-1450, ON THE DATE APPEARING BELOW.

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BY: Carolyn Coyne DATE: 4-12-06